

**CLAIMS ONLY**

**Application Number**

**Filing Date**

10/643,990

**Applicant(s)**

update

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
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11	1					
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50						
Total Indep	2					
Total Depend	18					
Total Claims	20					

	Indep	Depend	Indep	Depend	Indep	Depend
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Indep						
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Claims						